

### Elevator & Wheelchair Lift – Monthly Phone Test Log

Name of Facility: \_\_\_\_\_ Address: \_\_\_\_\_

Month	Elevator(s) or wheelchair lift numbers & signature of person testing phone	Date Tested
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		

Month	Elevator(s) or wheelchair lift numbers & signature of person testing phone	Date Tested
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		

**Elevator - Periodic FIRE SERVICE Test, Log  
(FIRE SERVICE MUST BE TESTED TWICE PER YEAR)**

**Name of Facility:** \_\_\_\_\_ **Address:** \_\_\_\_\_

[illegible]